

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

RECEIVED  
SDNY PRO SE OFFICE

FD 241-21-1392

Robert Lee Murray  
AKA LEVITICUS LUCER

Write the full name of each plaintiff.

No. \_\_\_\_\_  
(To be filled out by Clerk's Office)

-against-

N.Y.C. D.O.C  
7 JOHN DOW C.O.  
1- Jane Dow ~~off~~ Capton

**COMPLAINT**  
(Prisoner)

Do you want a jury trial?  
☐ Yes ☐ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

**I. LEGAL BASIS FOR CLAIM**

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: \_\_\_\_\_

**II. PLAINTIFF INFORMATION**

Each plaintiff must provide the following information. Attach additional pages if necessary.

Robert Lee Murray <sup>ID 241-21-1392</sup>  
 First Name Middle Initial Last Name

LEVITICUS LUCKER  
 State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

241-21-1392  
 Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

Bellevue Prison Ward  
 Current Place of Detention

First ave 27th street  
 Institutional Address

N.Y.  
 County, City

N.Y.  
 State

10016  
 Zip Code

**III. PRISONER STATUS**

Indicate below whether you are a prisoner or other confined person:

- ☐ Pretrial detainee  
☐ Civilly committed detainee  
☐ Immigration detainee  
☐ Convicted and sentenced prisoner  
☒ Other: VOP

## IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:	Jane	Dew	Capton
	First Name	Last Name	Shield #
	Capton in C-71		
	Current Job Title (or other identifying information)		
	18-18 HAZEN St East Elmhurst NY		
	Current Work Address		
	Elmhurst	NY	11370
	County, City	State	Zip Code
Defendant 2:	JOHN	DOW	C.O.
	First Name	Last Name	Shield #
	C.O. C-71		
	Current Job Title (or other identifying information)		
	18-18 HAZEN St East Elmhurst NY		
	Current Work Address		
	Elmhurst	NY	11370
	County, City	State	Zip Code
Defendant 3:	JOHN	DOW	C.O.
	First Name	Last Name	Shield #
	C.O. C-71		
	Current Job Title (or other identifying information)		
	18-18 HAZEN St East Elmhurst NY		
	Current Work Address		
	Elmhurst	NY	11370
	County, City	State	Zip Code
Defendant 4:	JOHN	DOW	C.O.
	First Name	Last Name	Shield #
	18-18 - HAZEN St East Elmhurst NY		
	Current Job Title (or other identifying information)		
	C-71		
	Current Work Address		
	Elmhurst	NY	11370
	County, City	State	Zip Code

5- JOHN DOW C.O.  
 6- JOHN DOW C.O.  
 7- JOHN DOW C.O.  
 8- JOHN DOW C.O.

## V. STATEMENT OF CLAIM

Place(s) of occurrence: intakeDate(s) of occurrence: 11-16-2020

## FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

I was Taken To C-95 on a vilation of Parolat This Time I was please in To a pen ~~was~~ were cos Taken me out to a ~~strip~~ Strip area wher 7COS maid me ~~take~~ Take of my Thing in front of a famel capton The officers Sorounded me paper spray and Told me To Take of my Chovced and I DID ~~of~~ is I was Told Do To me ~~farr~~ farring for My life if I DID Not Do as I was Told I would have Ben atact By officers so I DID. as I was To a Sript Down To Nothing. The officer Told me To But my hands on The was I DID and Then he Take his penis and put in my put wild All The other officers looke Then whm it was ~~over~~ over Thay ~~pleas~~ ~~pleas~~ me in a pen and Told me wt to say nothing I Sartet Fipping in TO I got meical I was Take To Bellevue Hospital

mind cant sleep

**INJURIES:**

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

an / pain

**VI. RELIEF**

State briefly what money damages or other relief you want the court to order.

Damages as The court see  
Just and proproe By the acttagon

Therof was Taken To me

There is NO money in the world  
That can give me Back wither

**VII. PLAINTIFF'S CERTIFICATION AND WARNINGS**

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

8-1-2021  
Dated  
Robert Lee  
First Name Middle Initial  
Murray ID 241-21-1392  
Last Name  
First Avenue & 27 Street  
Prison Address  
N.Y.  
County, City  
State  
10016  
Zip Code

ARALEVITICE  
LUCKE

Date on which I am delivering this complaint to prison authorities for mailing: 8-1-2021

NYC  
HEALTH +  
HOSPITALS

Bellevue

First Avenue & 27th Street  
New York, NY 10016

Robert Murray  
I.D. 291-21-1392

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SDNY PRO SE OFFICE  
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esc mail

UNITED STATES District Court  
Southern District of New York  
500 Pearl Street  
N.Y. N.Y. 10007

Pro-se Clerk office 406

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